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ON THE CAUSES OF THE INCREASED FREQUENCY OF PHTHISIS IN BRAZIL, AND ESPECIALLY IN BAHIA.

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THE following observations were written at the solicitation of a North-American friend, with whom, in 1865, I held a conversation upon the subject. Without such potent inducement, I could not have had courage to attempt a task which, in all its results, must necessarily be so very imperfect.

It is generally conceded that phthisis is very frequent in the temperate zone, where it is calculated that a tenth part of the population perish by it. But for a long time it has been supposed that the disease was rare in inter-tropical countries, and to this day there are those who incline to this unfortunately very erroneous opinion. With the exception of elevated regions, especially the table lands of the continents, these countries have not the supposed immunity; on the contrary, in them, especially when thickly peopled, the predisposing causes of phthisis appear to act with increased vigor. In Brazil phthisis is not only frequent, but increasing day by day. That with increase of population it becomes disproportionately more frequent was observed at Rio de Janeiro in the past century, since which time the number of inhabitants has rapidly augmented.

In the year 1798, a Municipal Bureau at Rio de Janeiro proposed some questions respecting the endemic and epidemic diseases of that city, to which Drs. M. J. Marreiros, B. A. Gomes and A. J. de Medeiros replied. The last of these thus expressed himself:—"Tubercle carries off many in Rio de Janeiro. It is safe to say that one third of the people perish by tubercle." And in another place he says:—"Aged persons affirm that phthisical cases, now

so common, were formerly rarely to be seen in Rio."

Councillor Jobim, in an interesting discourse on the diseases which afflict the poor in Rio, published in 1835, bears witness to the frequency of phthisis; and so do others. Villemin cites the following passage from Hirsch's work on *Historico-geographical Pathology*:—"Within thirty years, that is to say, since the independence of the country and European immigration, phthisis has spread extraordinarily in Brazil. This increase is confirmed by many authors. The disease has become frightfully prevalent."

My own experience of twenty-five years tends decidedly to confirm the increasing frequency of phthisis in this country, but I cannot, like Hirsch, attribute it principally to European immigration. It appears to me to be due rather to a greater condensation of the people, and to certain alterations in their mode of living.

Unfortunately, it is not possible for me to give statistics, even approximately exact, on the frequency of phthisis in Brazil. All kinds of numerical statistics are as yet in infancy in this country. The statistics of the Charity Hospitals at Rio and Bahia, though quite an honor to their authors, are not available in estimating the frequency of phthisis, or of any other disease, for the number of the population the sick come from is unknown, and all the circumstances influencing their admission into the hospitals are unknown also. Even the census of the cities is undetermined. The published obituary lists are incomplete and imperfect. In Bahia, from 1855, since which time only have such lists been published, appear the following designations of diseases—*inflammation, hydrops, internal diseases, unknown, cachexy, cough, birth, decline, &c. &c.*

In the General Hospital of Santa Casa da Misericordia at Rio de Janeiro, during the five years from July 1st, 1860, to June 30th, 1866, there entered 61,437 sick, of whom 8,963 died. Of 60,284 who came under treatment, 51,699 were males. As suffering from pulmonary tubercles were registered 4,628, or 8·9 per cent.—3,134

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males and 1,494 females. Of these died 2,129, or 46 per cent.—1,330 males, 799 females. During the same period were admitted suffering from mesenteric tubercles, 169 males, of whom 55 died, and 178 females, of whom 65 died. Of laryngeal phthisis, 38 males with 18 deaths, and 43 females with 10 deaths.

At the Hospital of Santa Casa da Misericordia at Bahia, were admitted in three years from July, 1864, to July, 1867, 5,111 patients—that is, 3,392 males and 1,719 females—of whom died 1,182, or 23·4 per cent.—596 males, 586 females; with phthisis were registered 346—197 males and 149 females—of whom died 124 of each sex. The proportion of phthisis to the whole was 61 per cent. Of the phthisical 248 died; there were no recoveries.

The most remarkable of these data is the excessive mortality of the females in the hospital at Bahia; but we must take another occasion to revert to this subject.

In attempting to study the causes of the increasing frequency of phthisis in this country, it is necessary to take into consideration all the causes to which in general phthisis is attributed, and particularly those whose influence is more manifest, or which have especial importance, in Brazil.

Phthisis, unlike variola, has not one single and specific cause; and hence all the circumstances which predispose to its development may be considered as causes. Recently, inoculability has been advanced as a proof of the specific nature of the disease, although in this tubercular matter is not essential, inasmuch as inoculation of other foreign materials can cause the development of the disease if there is a predisposition to it in the organism.

It is only necessary to transmit the *detritus* of deteriorated tissues, as, for example, pus, through the circulation from one part of the body to another, to originate the development of tubercles. Thus scrofulous abscesses may lead to pulmonary tubercles; and thus indeed may be explained the transmissibility of phthisis through an infection of the blood of a healthy individual by morbid matter coming from a sick person, especially if the latter be suffering from tubercles. Experience seems to demonstrate that tubercular *detritus* introduced into a healthy organism can induce, in certain tissues where it is deposited by the circulation, a tubercular degeneration; but this does not prove a specific nature to phthisis, as compared, for example, with that of syphilis.

Phthisis has the nearest analogy to ty-

phus fever, which though contagious, has not a single and specific cause. Typhus and phthisis appear whenever the necessary conditions for their development are in action; or through the direct infection of their morbid products, which certainly we are not able to see, but whose presence we may infer from undoubted facts.

The transmissibility of phthisis from one individual to another has been called in question by writers of great weight. Nevertheless, it is not in great cities where phthisis is most frequent, as, for example, in Paris, that transmission becomes manifest. Our open lands and thinly peopled villages afford cases which must be attributed to it, in fault of circumstances to explain the facts in any other manner. Such cases I have observed in Nazareth and Caxeira. I have seen, for example, a sound and robust girl, of a family equally healthy, leave the city to become the attendant of a lady in the last stages of phthisis. The girl, for a few weeks, was an ever-present nurse to this patient, assisting in all things; serving many times as a body-support when paroxysms of dyspnoea caused the sick to rise suddenly in her bed. A little while after the death of this patient, I was called to the same girl, so much changed by the ravages of phthisis as hardly to be recognizable. The discomforts inherent to the occupation of nurse, loss of sleep, irregularities in diet, want of pure air, in fine all the noxious influences to which she may be supposed to have been subjected, would not suffice in so short a time to cause such ravages in a strong person, and to bring on a disease quite as severe as the case she attended. I could adduce other like cases, not only in my own practice, but in that of my colleagues. It is an observation of Sr. Jobim that successive deaths of husband and wife, of different constitutions, are often noticeable, and of many slaves, one after the other, without any appreciable reason, except the death of the first.

Phthisis, being transmissible, ought on this account to be more frequent in cities or thickly inhabited places; and perhaps in our warm countries the transmissibility may have a more marked influence from the want of pure air in habitations for the most part spacious and ventilated.

The crowding of many individuals in factories and workshops has much influence in causing the development of phthisis. In Brazil, the manufacturers of cheroots furnish a great number of consumptives; but perhaps it may appear probable that

constant work in tobacco is sufficient of itself to evolve the disease in individuals predisposed to it.

It is generally admitted that physical debility produces a great tendency to phthisis. This debility either exists from birth by inheritance (and there are many forms in consequence of the debility of parents, or their diseases, especially tuberculosis, scrofula, syphilis, &c.), or it may be acquired. In the latter case it can arise from deficient nourishment, either absolute, or in proportion to the strength of the body and its waste of material. A good diet cannot be sufficient to replace losses from excess in work, dissipation, &c. : and, moreover, many diseases, for instance variola, measles, syphilis, inter-tropical hypoaemia, and all such as weaken the body, may be predisposing causes of phthisis.

But we must proceed to consider which of all these causes contribute most to the increasing frequency of phthisis in Brazil.

There is no doubt that the customs and habits of living of the people in Brazil, especially in the cities, have undergone great changes in thirty or forty, and especially in the last twenty years. In general, it may be said that to-day one here works more and fares worse than formerly. Wages have increased, but not in proportion to the increased cost of the necessities of life, now much greater in number than in other times. It is undeniable that many of these are not real wants, but factitious, imaginary, or from fashion ; still they absorb a great part of the means which might avail for objects of actual necessity. Not long ago, it was said that in Brazil the price of a day's work was more than sufficient to maintain an individual for a week. This is no longer possible, at least in the cities. The pay of workmen of every class, traders, servants, domestics, officemen, shopmen, public employés, has not increased in proportion to the high cost of provisions and other necessities of life.

Fresh meat, which a dozen years ago cost four to five cents a pound, now costs seven to twelve cents, and even more ; and the same is true with other articles of food. The consumption of intoxicating liquors has increased in a frightful manner, and out of all proportion to the increase of population. The importation of wine into Bahia in the financial year of 1843-44 was 280,279 quarts, while in 1866-67 it was 1,227,290 quarts ; and of gin, from 26,171 quarts in 1843-44, it rose in 1866-67 to 121,314 quarts. The increased consumption of beer from 241,164 bottles in 1843-44

to 433,608 bottles in 1866-67 is very noticeable when the high price of this beverage is taken into account.

Let it not be thought that only the richer classes drink beer in Brazil. Its consumption extends even to the poorer villages in the interior.

Another article whose consumption has increased very considerably is that of canned meats. In 1843-44 the importation was 4,099 pounds ; in 1866-67, 124,558 pounds, a large proportion being sardines from Nantz, which, in spite of the cost, appeared to have almost the same distribution as the beer. That which makes apparent the increase in the consumption of the above-named articles, and at the same time goes to prove that this is not due to augmented population, is the little increase in the consumption of other important articles of food. For example, the consumption of salt fish, amounting in 1843-44 to 22,511 quintals, was, in 1866-67, but 29,802 quintals ; besides the great diminution in the use of fresh fish, noticeable during the same time, must be taken into the account. The consumption of wheat flour in 1843-44 was 37,422 barrels. In 1866-67 it was 54,961 barrels ; but bread does not occupy the same place in the list of articles of food as in other countries, being here considered an article of luxury.

That, however, which above all proves the alteration in the mode of alimentation is the great increase that has taken place in the consumption of jerked meat (*carne secca*), from 164,063 arobas in 1843-44 to 530,637 arobas in 1866-67 ; during which time the consumption of fresh meat decreased notably. In the year 1843 there were slaughtered 24,856 head, while in 1866-67 only 24,117. Yet the difference does not appear so great as it really is ; for it is necessary to consider that the number of slaves, the principal consumers of *carne secca*, has decreased, while the quantity of fresh meat supplied to the transatlantic steamers for their hundreds of passengers diminishes very sensibly the amount sent to market.

An article which merits especial mention is tobacco. Its consumption is enormous. In 1843 it was rare to meet a man in Bahia who smoked ; now one who does not smoke is the exception. While at the time spoken of, in all the city there were only one or two cigar shops, now they are to be seen on all sides. Now, also, schoolboys and little slave children smoke !

The statistics of hospitals show the deleterious effects upon health produced by

working in tobacco ; and the increase in the trade of tobacco is immense. The exportation of cigars in 1860 was 46 millions, and has greatly increased since that time.

Coffee is another article whose use has greatly increased to the detriment of good alimentation. Coffee, as is well known, retards without preventing the waste of nutritive material ; it satisfies to no profit.

In Brazil there are no true paupers, so called, if we except a limited number who live in cities ; but there is much poverty, to the increase of which many different causes have contributed.

I must not enumerate these causes of phthisis without alluding to the great loss of slaves by cholera in 1855. Many families, who depended upon incomes derived from the work of these slaves, were thus impoverished, and reduced to manual labor, for which they were not fitted either by training or aptitude.

From the view presented, although diverse interpretations are quite possible to the few salient facts I am now able to offer, I think the inference justified that the inhabitants of Brazil are to-day more disposed to sickness, and especially to phthisis, than in former times.

In the changes in the habits of life of the people, I find the principal causes of the increased frequency of phthisis in Brazil.

AN INQUIRY INTO THE STATISTICS OF OPERATIVE MIDWIFERY IN NORWAY, FOR THE PERIOD FROM 1853 TO 1863.

(Concluded from page 200.)

FROM Denmark, where a lively discussion was lately carried on regarding the mortality among lying-in women, we have complete data for Copenhagen from 1850 to 1864. One of the Royal Medical Society* has presented such a report on behalf of its Committee. According to this, there died of puerperal diseases—

In the hospital :—
1850-1854 : 106 of 2712 = 1 in 26 = 3·8
1855-1859 : 115 " 3313 = 1 " 29 = 3·4
1860-1864 : 283 " 2835 = 1 " 10 = 10·0

Among out-patients of the hospital :—
1850-1854 : 22 of 2136 = 1 in 97 = 1·0
1855-1859 : 27 " 2377 = 1 " 88 = 1·1
1860-1864 : 102 " 2821 = 1 " 28 = 3·6

And in the rest of the city :—
1850-1854 : 1 in 160 = 0·6 per cent.
1855-1860 : 1 in 133 = 0·7 " "
1860-1864 : 1 in 77 = 1·3 "

* Reprint from the Ugeskrift for Læger, 1866, 3 die Række, 1ste Bind.

The entire mortality from puerperal diseases outside of the hospital, in the hospital districts and in the rest of the city, was—*

1850-1854 : 1 in 133 = 0·75 per cent.

1855-1859 : 1 in 120 = 0·83 "

1860-1864 : 1 in 71 = 1·40 "

In connection with the above facts we here add the statistics of mortality in childbed in Norway at an earlier period than the five years above treated. They are given by Professor Faye, in certain reports of the operations of the Christiania hospital.† According to this, the mortality among lying-in women in Norway in the four years 1851-1854 was—

1411 of 189,485 = 1 : 134·1 = 0·74 pr. ct. ; and in the same period—

In Christiania, inclusive of the hospital,
66 of 5004 = 1 : 75·8 = 1·3 pr. ct.

In Christiania, outside of the hospital,
45 of 4632 = 1 : 102·9 = 0·97 pr. ct.

In Bergen,

32 of 3295 = 1 : 102·9 = 0·97 pr. ct.

The mortality in childbed among the different classes of the community, is a circumstance of real weight in determining the causes of puerperal mortality in general, and more especially of the comparative mortality within and without hospitals. Prof. Faye has instituted investigations upon this point ; and some time ago, in a discussion held in the Medical Society of Christiania,‡ he communicated certain statements regarding that city for the years 1850-1852. According to these, there died in childbed in Christiania, in the three years above named—

Of the official rank 4 out of 151 = 1 : 37·7 = 2·64 per cent.

Trade and laboring classes 15 out of 576 = 1 : 38·4 = 2·60 per cent.

This proportion was less favorable than that found in the lying-hospital in Christiania among women of the same classes during the period from 1845 to 1852, in which years the mortality among women attended in separate rooms was 1 out of 105 = 0·95 per cent.

It further appears from these statistics, that in the years 1851 and 1852 there died in Christiania, in all, 39 of 1932 women in childbed = 1 : 49·5 = 2·0 per cent. ; among

* Cf. the above-named committee's report, in connection with the facts given by Dr. Howitz in the Hospitalstidende, Feb.-April, 1866.

† See Norsk Magaz. for Lægevidensk. vi. B. 1852, vii. B. 1853, ix. B. 1855.

‡ Ibid., vii. B. 1853.

these, of the official class, 2 out of 105 = 1 : 52·5 = 1·9 per cent.

Of the trading and mechanic classes, 7 out of 411 = 1 : 58·7 = 1·7 per cent.

Of the laboring classes, and those generally in less favorable circumstances, 30 out of 1416 = 1 : 47·2 = 2·1 per cent.

How great a part the mortality after obstetric operations forms of the total puerperal mortality—or, in other words, how many of the women dead in child-bed were delivered by obstetric operations—upon this point we have no data from other countries, except from the hospitals; for, as before stated, even the data of mortality furnished by policlinics in the larger cities can only be regarded as approximate, owing to the want of continued supervision. But with a careful investigation of the causes of mortality in childhood, even data of this class would be of interest, especially where there is a question of the comparative mortality in and out of hospitals; or under exposure to, and freedom from the "nosocomial influence." This was also said in the before-mentioned discussion in the Surgical Society of Paris; where Dr. Trélat stated that the mortality after operations in the Maternité was given at 1·01 per cent. of the whole number of deaths, and that Dr. Späth gave the proportion in his department of the lying-in wards in Vienna as 0·7 per cent. But these ratios disagree so entirely, both with that at the Christiania hospital and that given in Table XVI. for the whole country, that they possibly may be taken as representing only the cases where death was considered as a direct result of the traumatic lesions of operations. In the hospital at Christiania, from 1846 to 1863, the proportion of mortality after obstetric operations to the total mortality, was*

16 of 110 = 1 : 6·9 = 14·5 per cent.; and in the whole country, from 1859 to 1863,

222 of 1993 = 1 : 8·9 = 11·1 per cent.; or, as above stated, probably more exactly,

300 of 1993 = 1 : 6·6 = 15·0 per cent., which proportion coincides almost exactly with that at the hospital. With these results for Norway in view, there can be no doubt that the proportions quoted above from Trélat were based upon another mode of reckoning.

RESULT OF OPERATIONS FOR CHILDREN.

In regard to the meaning of the word "still-born," the rule observed in compi-

* See Statistiske Resultater støttede til 3000 paa Fodselsstiftelsen i Christiania undersøgte Svængre, etc., ved Prof. Faye og Sørvælge Vogt. Norsk Magazin for Lægevidensk. xx. B. 1866.

ing our official statistics has been followed; that term being applied to those brought dead into the world, and to those who die within 24 hours.

Apart from operations connected with the use of mutilating instruments upon the foetus, the result of the six years from 1853 to 1858, as regards the children, was given, in 657 of 1849 operations = 35·5 per cent.

In the five years from 1859 to 1863, in 1786 of 2084 operations = 85·6 per cent.

Table XVII. shows the result for children after the several operations during the entire series of years.

| | 1853-1858. | 1859-1863. | 1863-1863. |
|----------------------------------|-----------------------|------------------------|----------------------|
| Forcous-deliveries | | | |
| Stillbirths | 173 in 326 = 1 in 3·0 | Stillbirths | 1 in 3·0 |
| Turnings | 68 " 110 = 1 " 1·6 | 416 in 1355 = 1 in 3·3 | 181 " 283 = 1 " 1·5 |
| Extractions | 5 " 7 = 1 " 1·4 | 19 " 32 = 1 " 1·7 | 24 " 39 = 1 " 1·6 |
| Induced premature labors | 5 " 7 = 1 " 1·4 | 6 " 11 = 1 " 1·8 | 11 " 18 = 1 " 1·6 |
| Cesarean section upon the living | 1 " 2 = 1 " 2·0 | 1 " 3 = 1 " 3·0 | 2 " 5 = 1 " 2·5 |
| " " " dead | 1 " 1 = 1 " 1·0 | 2 " 2 = 1 " 2·0 | 3 " 3 = 1 " 1·0 |
| Turning upon the dead | 4 " 4 = 1 " 1·0 | — — — | 4 " 4 = 1 " 1·0 |
| All operations | 259 " 657 = 1 " 2·6 | 625 " 1786 = 1 " 2·8 | 884 " 2443 = 1 " 2·7 |

TABLE XVIII.—RESULTS OF CESAREAN SECTION.

| Date. | Operator. | Place. | Woman's age and history. | Indication. | Women. | Children. | Remarks. |
|-------|---|-------------------------------------|---|--|----------------------------------|------------------|--|
| | | | | | | Allive still. | |
| 1843 | L. T. Backer, ¹ Cand. Med. | Laudral. | 27, primipara. | Conjugata vera $2\frac{1}{2}$ -3 inches. | Died 60 hours after delivery. | 2 | Twin-birth. The first child's head was perforated before the section was performed. |
| 1847 | O. N. S. Waller, District physician. | Vos. | 32, primipara. | Cordi. vera 2½ inches. Trans. diameter of inferior strait 3 in. Distance between spinae ill 12 inches. | Died 4 days after delivery. | 1 | Fetus presented transversely, and embryo was com- mitted. |
| 1849 | A. M. Soeberg, ² District physician. | Aalesund. | 35 ¹ / ₂ , 2d pregnancy. Delivered the first time by perforation. | Smallest diameter of pelvis 2 inches. | Died 68 hours after delivery. | 1 | |
| 1850 | T. T. Brøn, ³ Exam. Med. | Near Kongsherg. | 32, primipara. | Conjugata vera $2\frac{1}{2}$ -3 inches. | Died 4-5 hours after delivery. | 1 | Fetus perforated beforehand. Placenta left behind within the uterus, and the woman died of hemorrhage. |
| 1852 | F. C. Faye, ⁴ Profes- sor. | Christiania Hospital. | 40, primipara. | Two sub-peritoneal fibrous pe- dunculated tumors of uterus, descended into the pelvic cavity. Least diameter $1\frac{1}{2}$ -2 inches. | Died 30 hours after delivery. | 1 | |
| 1854 | L. A. Baumann, ⁵ Dis- trict physician. | Osele in Gullbrand- sдалen. | 25, 2d pregnancy. First labor natural. | Cartilaginous adhesions of the soft parts, originating subsequent to first labor. | Died 26 days after delivery. | 1 | The woman was up the 15th day after the operation, her death was the direct result of a bed-sore on the nates. |
| 1858 | D. M. Bull, ⁶ Hospital physician. | Bergen, Communal Hospital. | 32, 2d pregnancy. First delivery by per- foration. | Conjugata vera 2 inches 10 lines. Transverse of superior strait 4 inches. | Died 5 days after delivery. | 1 | |
| 1860 | H. Frisk, ⁷ District physician. | Bergen Communal Hospital. | 5th pregnancy. Four previous without assistance. | Lipomatous tumor between rectum and vagina. Least diameter $1\frac{1}{2}$ inches. | Died 40 hours after delivery. | 1 | |
| 1861 | L. F. Lossius, ⁸ District physician. | Med. District of Ytre Sondhordland. | 35, primipara. | Conjugata vera $2\frac{1}{2}$ inches. | Died a few hours after delivery. | 1 | |
| 1863 | L. Wallace, ⁹ Cand. Med. | Grue. | 28, primipara. | Conjugata diagonalis 3 inches. | Died 6 hours after delivery. | 1 | |

¹ Ugeskrift for Medicin og Pharmacie, published by J. Heiberg, 1844, 3 die B. S. 44.² Norsk Magaz. for Lægevidensk. 1852, 6te B. S. 415.³ Ibid. S. 416. ⁴ Ibid. S. 353.⁵ Ibid. 10de B. S. 739.⁶ Ibid. 13de B. S. 712.⁷ Report on Sanitary and Medical Matters in Norway, 1860, published by the Department of the Interior, p. 70.⁸ Ibid. for 1863, p. 76.

As for the mothers, so for the children, the table gives a less favorable result during the six years from 1853 to 1858 than in the five years from 1859 to 1863. But this can hardly be considered to indicate that the results in the latter period were actually better. It may rather be ascribed to the same cause which was mentioned in regard to the statistics of results for mothers, namely, that in the former period the results of fewer operations are given, and that too many operations by which dead children were brought into the world are included.

A comparison with data from foreign countries was unfavorable to our own country in regard to the results for mothers; but those which we possess regarding the life of the children, show results more in correspondence with our own. This circumstance strengthens the opinion above expressed, that the disagreement depends upon the difference in the periods used to determine the result. In regard to the children there can be no great difference; and if perchance the foreign statistics present only the fact of life or death immediately after birth, nevertheless the children that die in the first day and that are reckoned as still-born in our data make but a very small fraction of the total. Considering the circumstances under which a large number of obstetric operations are performed, it might be assumed beforehand that a comparison with corresponding data from other countries would show a result unfavorable to us; and all the more, since the few foreign data in our possession usually relate to operations performed among a denser population, with better means of communication—performed often by midwives—and in general, under circumstances that offer greater chances for preserving the child's life. To what extent such a difference exists, will appear from the following data.

According to the statements made by Dr. Ploss in the work quoted, 22,133 children were delivered by operative interference in Saxony during the period from 1835 to 1841, of which 5,596 were still-born = 1 : 3.9; but this number includes the cases of the use of sharp instruments, and, subtracting these, 490 in number, the proportion remains —5,106 still-born of 21,643 = 1 : 4.2.

According to Riecke's statistics from Würtemberg, quoted by Ploss, which embrace (excluding placental-operations) 6507 artificial deliveries for the period from 1821 to 1825, the ratio of the still-born was = 1 : 2 $\frac{2}{3}$.

From the duchy of Nassau we have a statement of the result of the turnings per-

formed there between 1843 and 1859, compiled from official documents by O. v. Franque.* Of 1852 children brought into the world after turning by the feet, 1057 were still-born = 1 : 1.7.

In Sweden, according to the report of the College of Health for 1861, 188 forceps-deliveries were performed in that year by midwives. Of the children 63 were still-born = 1 : 3.0. In the same report, statistics of the mortality among children after instrumental deliveries performed by Swedish midwives during the ten years from 1851 to 1860, give 535 still-born in 1480 children = 1 : 2.8; but among these are included children brought into the world after the use of sharp instruments, that number not being given separately. Assuming that operations with sharp instruments formed the same proportion of the total of operations, as in the year 1861, that is, 18 out of 206, and 188 of these with forceps, then we may infer that of the 1480 above given, 1350 were delivered by the forceps, and the proportion of still-births after forceps-deliveries will remain about = 1 : 3.3. Or, if, for the purpose of comparison, we take the number of forceps-operations in Norway from 1859 to 1863, in which the result for the child is given (1455), and add the number of children delivered in the same time by the use of sharp instruments (140), the resulting proportion of still-births is 556 of 1595 = 1 : 2.8, or exactly the same as that resulting from the same class of operations performed by Swedish midwives in the ten years from 1851 to 1860.

CÆSAREAN SECTION IN NORWAY.

We have now given what is most important in the obstetrical statistics of our country, from the period when accurate and full data are first obtainable. What follows is a more detailed account of an operation which, from the time of its first performance, has been the object of especial attention, in a scientific point of view and on account of the legal and moral considerations connected with it. We refer to Cæsarean Section.

In the 11 years embraced in the above statistics, we find that 5 Cæsarean sections were performed on living women, all successful as regards the mothers, 2 successful and 3 unsuccessful as regards the children. Since there exists as yet no complete account of the operation as performed in our country, and as some of the cases are not

* Ueber die Wendung auf den Kopf, v. Dr. O. v. Franque, Docent an der Universität zu Wurzburg. Wurzb. Mediz. Zeitschr. 1865, VI. B. 6 H.

even yet printed, but are preserved only by tradition or in the archives of the Department, we will here include an account of all the cases of Cæsarean sections recorded. We feel ourselves especially called upon to publish these facts, as Prof. Faye was once requested by Professor Breit in Tübingen and Dr. Hagen in Leipzig to communicate the number of Cæsarean sections performed in the kingdom. This request was made known to our medical society* for the purpose of obtaining possible additional information—which, however, has never been elicited.

Our knowledge of Cæsarean section as practised in Norway upon living persons, reaches back no farther than 1843; we have no certain knowledge whether any operation of this class was performed in this kingdom previous to that time, and if such an event did occur, its record can exist only in the memory of some of our elder colleagues. From the year 1843, until 1863, when the operation was last performed, 10 Cæsarean sections in all were performed in Norway upon living women.

These operations are set forth in Table XVIII. in chronological order, in connection with the date, the operator's name, the general indication for the operation, and the result for mother and child.

The result, therefore, of all the operations was unfavorable for the mothers; only that performed by Baumann seemed to promise a favorable result for the woman, since she lived till the 26th day and had already got up from her bed; and her death was thought to be due beyond a doubt to the direct effect of ulcerations upon the nates, which exposed the sacrum. Yet the wound was not wholly healed after the operation, for on the 24th day a lumbriicus is seen to have escaped through an opening in the lower angle of the wound.

In one half of the operations, the result was favorable to the child, since 5 were brought alive into the world. Subtracting the operations where sharp instruments were previously used upon the fetus, of the remaining 7 children 5 were living and 2 dead.

It should be remarked, that almost all these operations were performed under unfavorable circumstances, after tedious toil in labor, and sometimes even after other methods of delivery had been first essayed; and in general under circumstances which, as experience from the first introduction of the operation has shown, exert an over-

whelming influence against a successful result for the mother. We may here recall the first history of Cæsarean section in the British Isles. There, in accordance with the English principles of midwifery, which respect the life of the woman rather than that of the child, the operation was usually performed under unfavorable circumstances; and the result appears equally unfavorable in long series of the first Cesarean sections performed by British physicians.* The first Cæsarean section in the British Isles resulted successfully for the woman. It was performed by the midwife Mary Durnally, upon the peasant-woman Alice O'Neal, in County Tyrone, Ireland, in 1738. The operation was subsequently performed 21 times by English physicians, in each case with a fatal result to the woman. The first favorable result was obtained in the 23d case, in 1793, in which Dr. Barlow operated, in Blackburn.

Reports of Medical Societies.

MIDDLESEX SOUTH DISTRICT MEDICAL SOCIETY.
SEMI-ANNUAL MEETING AT CAMBRIDGE,
OCTOBER 14, 1868.

AFTER the preliminary business, including the report of a committee upon the revision of the By-laws, the regular papers were read.

Dr. A. P. Clarke, of Cambridge, gave a history of a case of pseudo-membranous disease of the larynx in a delicate boy of seven years. Patient was seen two days after the apparent beginning of the attack. There was dyspnoea and croupy cough, with swelling and ulceration of the tonsils, but no exudation. Dyspnoea being urgent the next day in spite of inhalation of steam &c., tracheotomy was performed, with temporary relief, and apparent improvement until the 9th day after the operation, when difficulty of deglutition came on. Patient died on the 12th day after the operation, and the 15th of the disease, from exhaustion.

Dr. C. added a sketch of seven other cases of a similar nature, in his own practice and that of Dr. Marcy. In four of these, tracheotomy was performed. Two died on the 8th day of disease, and the 2d after the operation, from exhaustion; one on the 6th day of disease, and 2d after operation, from extension of disease; one on 3d day of disease, the patient not rallying after the operation. In three tracheotomy was not per-

* See Norsk Magaz. for Lægevidensk. XIII. B. S. 518.

* Cf. Blundell's Lectures on Midwifery. German trans., by L. Calmann. Leipzig, 1835.

formed. Patients died, on 2d and 3d day of disease.

Dr. H. O. Marcy, of C., read the history of a case of Pott's disease of spine, in a man of 31 years. Patient was under Dr. M.'s observation at intervals for two years, during which time, ankylosis took place with dorsal curvature, and patient resumed business. Patient finally died after a third evacuation of psoas abscess. A specimen of the vertebrae was shown. Fragments of necrosed bone were found along the whole track of the abscess.

Dr. Marcy also showed photographs of a case of temporal aneurism, and of one of fatty tumor of the back.

Dr. Sullivan, of Malden, read a paper upon digitalis as a remedy for uterine haemorrhage, with notes of six cases. Dr. S. has used the remedy since 1857, in between 20 and 30 cases. He gave as the result of his experience, that uterine haemorrhage, whether dependent upon one of the many pathological conditions of which metrorrhagia is the exponent, or the direct consequence of abortion, may often be successfully combatted with digitalis, and that this remedy deserves a more extensive trial.

This paper elicited considerable discussion, in the course of which the use of large doses of digitalis in delirium tremens was discussed.

Prof. J. Wyman exhibited some interesting experiments illustrating some points connected with the arterial circulation. His apparatus consisted of, 1st, a Davidson enema syringe, representing the propulsive power of the heart; 2d, some ten yards of small rubber tubing, connected, representing the arterial system—terminated by, 3d, a glass tube drawn to a point. I. *The di-crotalous pulse.* It was shown that the horizontal jet thrown from the glass tube, by a single compression of the bulb, rose and fell in two or three successive waves, each lower than the preceding, before the propelling force was expended. The sphygmograph shows that this occurs in the normal arterial wave. II. *The cardiac impulse is more quickly transmitted to nearer than to more distant parts.* A second glass tube was placed beside the first, and connected with the syringe by a short tube. It was apparent to the eye that the impulse was more quickly transmitted to the second tube, than to the first. III. *An aneurism intervening, retards the transmission of the cardiac impulse to any given part.* A closed bulb was connected with the rubber tubing at a right angle, in such a manner that it formed a cul-de-sac communicating with it.

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The bulb and tube being filled with water, it was shown that the transmission of the cardiac impulse occupied a shorter space of time when the communicating orifice was closed, than when left open.

Prof. W. also exhibited a model of a sphygmograph, modified for the lecture-room, by a combination of levers, which greatly increases the sweep of the index.

CHAS. E. VAUGHAN, M.D.

Secretary.

Hospital Reports.

BOSTON LUNATIC HOSPITAL.

C. A. WALKER, M.D., Superintendent. Reported by T. W. FISHER, M.D.

Two Cases of Puerperal Insanity.

CASE I. Mrs. S., 35 years. An aunt was insane. Has had five children, three of them within five years. Is naturally of a delicate constitution. Six weeks before confinement had facial neuralgia, followed by pain in the occipital region, anxiety, and slight confusion of ideas. These symptoms gradually increased, and during confinement, April 13th, resulted in furious delirium, with frightful hallucinations. Tried to leap from the window to avoid imaginary pursuers. The labor was natural, with no other unusual sequence.

Her state, on admission to the Hospital, April 18th, was as follows: Pulse 92. Tongue, moist coating. Constipated generally, but relieved yesterday by cathartics. Complete suppression of milk. Urine scanty and dark. Has slept little of late. Eats only by much urging. Is tolerably quiet now, but very apprehensive, and will not stay in bed. To be fed freely with beef-tea. Camisole to prevent exhaustion. Ordered as a night draught, R. sol. morph. (gr. ij. ad 3*i.*) 3*ss.*; ext. valerian fl. 3*ij.*; ext. hyoscyam. fl. 3*ss.*

April 19th.—Slept one hour only. Pulse 120. Tongue "sticky." Very restless. Ordered sol. morph. 3*j.* t. d. and a soap enema, every other night.

April 20th.—Slept two hours only. Talks incoherently. Expects to be tortured soon, and remonstrates bitterly. Pulse 108. Increase sol. morph. to 3*ij.* t. d.

April 21st.—Slept four hours. Pulse 96. Tongue moist. Eats better. Shrinks with fear when door is opened.

April 27th.—Says she forgot her fears a few moments to-day. Talks less and sleeps

better. Tries to explain her sickness, but cannot.

May 4th.—Restless and excited again. Pulse 108 in the morning, and 120 in the evening. Very loquacious. Ordered sol. morph. 5*ijj.* t. d.

May 5th.—No sleep. Noisy all night. Threatened with a bad sore. The next day had slept only two hours. Pulse 104 and quite weak. Ordered sherry 3*ijj.* every six hours, and beef-tea at midnight.

May 9th.—More quiet but delusions persist. Thinks she is considered a "bad woman" by all around her. Says they call her 50. False hearing suspected. Shows evident signs of anaemia. Ordered tinct. ferr. chlo. 4*xv.* t. d.

During the month of June she gradually improved, learning for the first time that she was in a hospital for the insane, and showing signs of returning interest in her children. Was moved to our best ward, where she was tolerably contented.

In July, saw her husband, and began to walk and ride freely. Was still in a weak and irritable state of mind, with a tendency to despondency, as evinced by crying, teasing, and too close seclusion in her own room.

In August was thoroughly convalescent, but showed a tendency to diarrhoea, which gave some trouble.

In September gained decidedly in flesh, and in strength of mind. The morphine was diminished and discontinued, and the patient discharged well, Oct. 3d.

CASE II. Mrs. H., 30 years. Family hysterical. Sister once mentally deranged after confinement. Suffered from scrofula in childhood. Her first confinement occurred Aug. 31st, and proved exceedingly tedious, requiring the forceps for delivery, Sept. 2d. Was irritable and hysterical from exhaustion and loss of sleep the following week, but continued to nurse the child till the second week, when she became excited and talkative. Thought her husband was becoming insane, and put test questions to him, to prove it. Appetite uncertain, and sleep irregular with great unwillingness to stay in bed.

Came to the Hospital Sept. 16th, incoherent and extremely agitated. Said she had killed her child, and seemed apprehensive of danger to herself in consequence. R. Potass. bromid. et ammon. bromid. 4*gr. xv.* every 3 hours.

Sept. 17th.—Slept none. Pulse 120. Is very wild, but can be kept in bed without restraint. In the evening was more quiet. Ordered a salt enema and mustard foot bath.

Sept. 18th.—Slept none. Pulse 108. Tongue dry. Enema operated well. No

suppression of urine. Lochia natural. To be fed freely with beef-tea and broth at short intervals, day and night. R. potass. bromid. 3*ij.* every 2 hours till sleep ensues. In the evening had slept considerably. Inclined to be chilly.

Sept. 19th.—Slept uneasily all night. Pulse 120. Skin hot. Takes nourishment eagerly, talks less, and answers questions more rationally, but is often cross and sarcastic in her replies. In the evening pulse 112, lips covered with the crusts of herpes.

Sept. 20th.—Slept four hours. Pulse 108. Talks more sensibly and even cheerfully. The next day, was much inclined to sleep. Pulse 96 but weak. Reduce potass. bromid. to 3*ss.* every two hours when awake.

Sept. 22d.—Slept six hours. Pulse 102. Is more restless, with a cool skin and cold feet. A slight swelling, with pain and tenderness, appears at the angle of the jaw. Takes nourishment well, but strength is yielding. Ordered Angelica wine 3*ijj.* every four hours.

Sept. 23d.—Restless all night, and has slept none. Swelling of jaw extends, with increasing pain and difficulty in swallowing. Pulse 112, weak and soft. Is quite unconscious. This patient failed steadily, and died Sept. 26th.

Puerperal insanity seems to differ from insanity in general, only by its concurrence with the puerperal state, being modified more or less by the conditions of irritation and exhaustion incident to that period. Case I. shows the usual train of phenomena in quite a perfect series. Hereditary tendency, defective constitution, debilitating cause (effects of frequent child-bearing) and the exciting cause (gestation) all are present. The sequence of symptoms, too, is quite regular and normal, viz.: Nervous phenomena (facial and occipital neuralgia), emotional disturbances, apprehensions, delirium hallucinations, and as the excitement abates, fixed delusions. During convalescence, there is a gradual and intermittent return to a consciousness of her condition, to natural feeling for her family, and to an interest in her surroundings, with however a substratum of mental debility and depression, and, finally, perfect recovery.

Case II. exhibits a similar series, until interrupted, at a critical moment, by an abscess, which may have determined the fatal result.

Dr. A. G. SOULE states that deaths from aneurism are, in proportion to the population, nine times more numerous in San Francisco than in New York.

Medical and Surgical Journal.

BOSTON: THURSDAY, NOVEMBER 12, 1868.

THE INFLUENCE OF PETROLEUM IN WARDING OFF MALARIA.

The following "Reports," from a recent number of the *Medical Times and Gazette*, open up a matter of so great importance, that we deem it proper to give it notice here.

PETROLEUM V. MALARIA.

(From Colonel A. Hopkinson, Agent to the Governor-General N. E. Frontier, and Commissioner of Assam, to the Secretary to the Governor of Bengal. No. 194, dated Shillong, the 3d July, 1868.)

SIR,—I have the honor to submit copy of an inspectorial report from Dr. Berry White, of the 44th Regiment Bengal Native Infantry, and also in civil charge at Dibrooghur, which contains a very curious and interesting notice of the unusual good health and immunity from malarious influences enjoyed by the imported laborers at the petroleum works at Makoom, near Jeypore, in Upper Assam.

2. It would be perhaps rash at present to accept any conclusion on the facts noticed by Dr. White. The number of persons whom they concern, and the period involved, are insufficient to connect cause and effect, and to say positively that the results are not simply casual coincidences; besides, I have been informed that the petroleum working coolies are Dhangurs, who are said by some persons to be as impervious to malaria as Dr. White says the Cacharries are, but it seems to me that a case has been made out for observation and investigation, as well as a search elsewhere for corroborative evidence, and that it would be worth while to draw scientific attention to Dr. White's report.

3. Petroleum workings are now conducted pretty well all over the world, and probably at some localities as malarious as Makoom. Not to mention other places, I may refer to the oil and asphaltum works in Pennsylvania, Trinidad, Seyssel, and the Burmese petroleum wells at Renhangyoung, and it would be important to learn whether at any of them prophylactic effects of the nature indicated by Dr. White have been observed.

4. I do not know whether up to the present time any discovery has been made

in regard to the nature of malaria which would rival in importance the obtainment of proof that it could not exist in an atmosphere charged to some particular extent with the vapor of petroleum oil.

5. The Burmese are in the habit of applying their "earth oil" to the cutaneous eruptions to which they are liable, particularly Indian ring-worm, but with little beneficial effect beyond allaying the itching.

(Extract from letter from J. B. White, Esq., Assistant Surgeon, in Medical charge of Troops, and Civil Surgeon, Dibrooghur, to Major R. Stewart, Deputy Commissioner, Dibrooghur. No. 25, dated Dibrooghur, June 15th, 1868.)

It may not be uninteresting to notice here the unusual good health and immunity from malarious influences enjoyed by the imported laborers at the petroleum works. I made an especial point of inquiry into this in consequence of the extreme unhealthiness for which Makoom has been hitherto notorious. When there was a detachment of my regiment stationed there, the mortality was never under twenty per cent. per annum among the sepoys. Chiefly in consequence of this, on recommendation to Government, the post was taken over by the police about four years ago. Since they have occupied it, it was found to be no less deadly to the Bengalees and Hindostanees of that force, and for the last two years, on my advice, Captain Hume has only sent to the place men who were either Douaniers or Cacharries, both races who are known to thrive rather than otherwise in malarious localities. As these Bengalee laborers could not possibly be so well cared for as the Sepoys, I expected to find that the mortality among them would have been something appalling. I was equally surprised and gratified to find that it was all but nil, only one death having occurred in two years out of a population of over sixty persons; and that one was an old debilitated woman, who was allowed to accompany her friends. There was an increase by births of seven, and as many more expected within a short time. The infants born in the place all looked strong and healthy. This immunity from malarious diseases can, I consider, only be accounted for on the presumption that the gases, etc., given out by the petroleum exercise a protective influence against the effects of jungle miasma, which is supported by the fact that this mineral oil contains carbolic acid, or its elements, now recognized as one of the most powerful and effective disinfectants known.

I further noticed that the coolies were quite free from ulcers or sores on the extremities, which is one of the greatest afflictions of the imported laborer in Assam, and is very difficult to treat. In the tea plantations a leech-bite or any scratch or cut in most cases causes an obstinate ulcerous sore. Although these laborers get cut and bitten frequently, their wounds invariably heal rapidly, and, as their work necessitates their being up to their knees in oil for several hours daily, it is only reasonable to deduce that it is the oil which causes the cure.

I have noticed this to you, not for its scientific interest, but because it may be looked on as one of very considerable politico-economical importance to the future of the district; for if this speculation should turn out successful, which it promises to do, it is satisfactory to know that it will not be attended with the fearful loss of life among immigrant laborers, which, up to this, has been incidental to every other branch of European enterprise in this province.

Should the above views and facts prove to be correct, a most important point will have been gained in hygiene. At any rate, the experiment is worth trying; and certainly the proximity of the great petroleum regions of Pennsylvania to the malarious districts of the West, would give ample opportunities for research and original experiments.

ELASTIC SPONGE BEDS.—All are aware how great a desideratum it has been to find some cheaper, more durable and *cleaner* substitute for hair in stuffing mattresses. In hospitals, particularly, the beds are always a source of trouble and disease; difficult to preserve, and still more so to purify. They often swarm with insect life too, which can only be destroyed by a very high temperature, and by re-picking and re-filling the hair. In the use of sponges for filling beds, it really seems as if a very great improvement had been reached. The cheaper sponges from the Bermuda and Florida reefs are cleansed with chlorine, cut up, and saturated with glycerine, so as to retain that elasticity which is due to moisture, and then compressed into the mattress.

Some of the advantages of this bed are thus described by Prof. Doremus, of New York:—

"The basis on which the success in accomplishing your object depends is, the elasticity of sponge, when its tissues have been dilated, or swollen, by some liquid.

"As is well known, sponge acquires this property when moistened with water, but as this speedily evaporates, it cannot be employed, for by its loss the sponge shrinks and hardens.

"For this reason you have substituted glycerine for water, as it is possessed of properties most valuable for your purpose.

"It is absorbed readily by the tissues of the sponge. It does not evaporate except at high temperatures.

"It does not oxidize or become rancid by exposure to the air; nor will it rot the sponge.

"The practical application of the liquid is simple—for, after cutting, washing and drying the sponge, you saturate it with glycerine and water, press out the excess, and then evaporate most of the aqueous part, leaving the pieces in a soft and highly elastic state, fitted for use.

"To determine the relationship of water to sponge thus prepared, small pieces are weighed daily in a delicate analytical balance for several weeks, and though they were openly exposed to the air in my laboratory, at the end of the first month they had precisely the same weight as at its commencement.

"It is superior to hair in elasticity, for after being compressed it resumes its original bulk more readily than hair, and hence will not need re-dressing as cushions or beds of the latter substance.

"Another most decided advantage which sponge possesses over hair, moss, &c., is that there are no germs of insect life upon it to be developed when warmth and other conditions are favorable.

"Its perfect cleanliness is a high commendation, whether it is used in mattresses and furniture, in private residences and hotels, or for cushions and beds in sleeping cars, &c. It is, moreover, superior to hair in lightness and cheapness.

"It is possessed, likewise, of additional valuable qualities—it neither disintegrates, nor does it decay. Even when saturated with water, a cushion will soon lose the excess of moisture and be restored to its most desirable condition." * * * *

It would appear that these beds must be invaluable for hospitals, almshouses, prisons, ships, &c.

In no spirit of puffing a patent invention, but with a real belief that we shall

be doing a good service to the profession and to the sick, we desire to call attention to the more specific description of these sponge mattresses, which will be found in the Advertising Department, and to advise physicians to call at the Agent's and see for themselves the results of this very interesting process.

PRIZE FOR ESSAYS ON VENTILATION.—It will be noticed, among the advertisements, that a member of the Mass. Medical Society offers a prize for essays on the best mode of ventilating sick rooms in ordinary houses. We trust that this will call out some valuable additions to our practical knowledge on the subject.

ST. JAMES HOTEL, JACKSONVILLE, F.A.—Sanitary Department.—We feel that we are doing our readers a positive service in calling their attention to the advertisement of Dr. S. Rogers, printed on the outside of this Journal. There are few physicians who have not met with cases of invalids who have visited the South, especially of late years, in the hope of regaining their health, who have utterly failed in the object of their search, mainly because they have been subjected to unlooked for privations and lack of comforts, which more than counterbalanced any benefit which the change of climate could afford. Many a sufferer has thus, if he returned home at all, only come back to die; a wretched victim to this random, hap-hazard method of visiting the South without knowing what precise spot to go to, or what to expect to find there. To meet the wants of this class ample provision has been made in the new St. James Hotel at Jacksonville. The physician who is to take charge of its Sanitary department, has passed several winters in Florida, and has thoroughly explored its most attractive regions; and the site selected for the hotel was specially chosen by him for the salubrity of its situation. He is well-known to us as a thoroughly humane man, entirely devoted to his patients, well educated in his profession, and fully qualified by a large personal experience to take charge of so responsible a trust. A desire to commend this important project more fully to the confidence of invalids must be our apology for thus alluding to one, whose modesty would certainly have been an insurmountable barrier in the way, had he known of our purpose.

A.

NEW HAMPSHIRE MEDICAL INSTITUTION.—The annual course of medical lectures at Dartmouth College, Hanover, N. H., closed on Friday, Oct. 30, 1868, and the degree of M.D. was conferred on the following gentlemen, their residences and theses being annexed:—

Henry Oscar Adams, So. Royalston, Ms., *Nature her own Physician*. Herbert Clinton Arey, Hampden, Me., *Farteritis*. Celeb Burnham, Essex, Mass., *Asthma*. Edward Bailey Buxton, Webster, N. H., *Scarlatina*. Charles Guy Cargill, Hartford, Vt., *Typhoid Fever*. William Rush Cleaveland, Barnston, C. E., *Cerebro-Spinal Meningitis*. George Washington Cook, Concord, N. H., *Hemoptysis*. Nathaniel Small Davis, Harmony, Me., *Acute Articular Rheumatism*. Henry Augustus Deane, Foxborough, Mass., *Carcinoma*. Charles R. J. Kellam, Haverhill, N. H., *Yellow Fever*. Albert Smith, E. Randolph, Vt., *Apoplexy*.

Some important changes have recently been made in the Department of Instruction in this Institution.

Prof. Dixi Crosby, having held for many years the chairs of Surgery and Obstetrics, has resigned the chair of Surgery in favor of his son, Prof. A. B. Crosby, who has, for a few years past, so satisfactorily delivered the Lectures in this Department as associate Professor of Surgery. Prof. E. R. Peaslee has resigned the chair of Anatomy and Physiology, and been appointed to a new chair of "Diseases of Women."

Dr. Lyman B. How, of Manchester, N. H., has been appointed Lecturer on Anatomy and Physiology.

Dr. C. P. Frost, of Brattleboro', Vt., has also been appointed assistant Lecturer on Theory and Practice; and Dr. Henry M. Field, of Newton, Mass., as assistant Lecturer on Materia Medica.

ALBERT SMITH, M.D., Secretary.

GOVERNMENT TOBACCO MANUFACTURED IN FRANCE.—In an interesting article on the Government tobacco manufactured in France, M. Ducamp, commenting upon the exaggerated statements that have been made as to the ill-consequences which attend the use of the "weed," observes that one learned academician goes so far as to attribute the increase of lunacy in France to the augmented consumption of tobacco. While the revenue derived from this in 1838 was only 30,000,000 fr., there were but 10,000 lunatics, while when, in 1862, this had risen to 180,000,000 fr., the lunatics numbered 44,000. M. Ducamp ob-

serves that the learned doctor forgets to deduct 47 per cent. of the lunatics as being females, and not smokers, while he does not take into account that during the last twenty years France has become invaded with the passion for strong drinks which before characterized the northern nations. It is to the alcoholism produced by *absinthe*, with its 72 degrees of alcohol, that the increase of insanity is in part to be attributed much rather than to tobacco. The case of the sailors is one in point. Constantly chewing tobacco, they introduce much more of its poisonous ingredients into the economy than the smokers; but the 30,000 men of whom the fleet consists present just their normal proportion of lunatics. Moreover, Brest alone furnishes as many lunatics as the other four naval stations put together; not that the Breton soldiers chew more, but that they are of notoriously drunken habits. We may here mention that while snuff taking is greatly diminishing in France, the practice of chewing is on the increase; for while in 1861 there were but 533,918 kilos. of quids manufactured, these rose in 1865 to 634,669 kilos. Among the numerous *employés*, both male and female, at the manufactories, no special maladies are observable, except accidental conjunctivitis. It is true, their sanitary condition and ailments are carefully provided for. Alluding to the intensely poisonous effects of the nicotine of tobacco, which are indeed sometimes exhibited on unfortunate animals straying into the laboratory of the establishment, M. Ducamp observes that it is ridiculous to compare, even in degree, the effects of this separated product with the results observed when it exists in combination with other matters. It would, indeed, be to revive Sir Fitzroy Kelly's celebrated explanation of the presence of prussic acid in a case of poisoning by the fact of the victim having just eaten an apple, the pips of which contained this dangerous ingredient. One of the results of manufacturing tobacco is to remove a portion of this nicotine, so that 300 kilos. of tobacco which contained 12½ kilos., after undergoing washing, fermentation, and evaporation, only retain 8.85 kilos. At the manufactory at Gros Caillion, in this way, 94,290 kilos. are destroyed annually—i.e. a quantity sufficient to poison the whole of France. To smokers and others interested in the tobacco question we can strongly recommend a perusal of M. Ducamp's paper in the *Revue des Deux Mondes*, August 1st, for an excellent account of the elaborate and scientific procedures carried

on by the French Government with the view of securing excellence, cheapness, and purity.—*Med. Times and Gazette.*

ON THE NATURE OF THE WAXY, LARDACEOUS, OR AMYLOID DEPOSIT. By WILLIAM H. DICKINSON, M.D., &c.—The author has had the opportunity of observing 60 cases of waxy or amyloid degeneration of the solid organs, and has found that in 46 of these cases there was a well-attested history of suppuration, and that in 4 others suppuration had probably preceded the outbreak of the disease. Comparing this result with those shown by the cases collected by Dr. Wilks (*Guy's Hospital Reports*, 1856 and 1862) and by Dr. Stewart (*Edinburgh Monthly*, 1861 and 1864, and *Brit. and For. Med.-Chir. Rev.*, 1866), he finds that of 104 cases, suppuration had existed in 83; and the fact that these two gentlemen collected their cases without reference to antecedent suppuration, makes these figures more valuable.

In speaking of the test for this kind of degeneration, iodine and sulphuric acid, he says that he has never been able to produce the blue tint spoken of by Virchow, but that a reddish-brown color followed their application to the diseased tissue, instead of the yellow color which is obtained normally. He has found, moreover, that we possess in sulphate of indigo as good a test as iodine; the healthy liver, when soaked in a weak solution of this salt, becomes of a blue color, which changes rapidly to green, but a waxy liver so treated retains the color. The colors obtained by iodine and sulphate of indigo are not destroyed if the affected tissue be soaked in alcohol, acids, or aqua ammonia, but fade when it is treated with a solution of caustic soda or potassa; and a waxy liver first treated with a solution of either of these alkalies, fails to respond to either test. Dr. Dickinson naturally infers from this that there is a deficiency of these substances in the organs which have undergone this form of degeneration, and this inference he proves to be correct by a comparison of the analysis of a healthy liver with that of a waxy liver; in the latter soda and potassa are found to be decidedly diminished in quantity, and this deficiency he explains by the suppuration. Pus, as is well known, contains both these substances in larger proportion than the blood; hence a drain of this kind cannot long continue without the occurrence of the result above indicated. He thinks that the deposit in

the organs consists essentially of dealkalized fibrin, and says that if fibrin be treated with dilute hydrochloric acid, and then the solution evaporated to dryness, a substance will be obtained which reacts with iodine precisely as the amyloid liver. He proposes to apply the term "Depurative" to the disease, as significant of the process which is its most frequent cause. The objection to the word is, as he himself says, its frequent use in another sense.

The practical deduction to be drawn from this paper is that the exhibition of alkalies is imperatively called for, not merely during the course of the disease, but also in all surgical affections which are accompanied at any stage by profuse suppuration.—*Med. Chir. Transactions.*

PYROMANIA AND KLEPTOMANIA.—In the *Archivio Italiano*, Dr. C. Livi gives the results of his observations relative to these and some other forms of insanity. Monomaniacs have been described as homicidal, suicidal, incendiary, thieving, &c. A more thorough study has shown that these so-called exclusive forms of insanity were only symptoms which went to make up the condition of mental alienation. At the same time it must be admitted that to deny altogether the existence of such limited forms of insanity would be going too far. The insane impulses against the existence of which magistrates and moralists have protested, have found analogies in the physical world. For instance, we read in the *Archives Générales* of the case of a man who frequently ran forward without being able to stop himself. The Counsellor Lemke, whose case is related by Caspar, used to get up in the middle of the night, seize his wife and attempt to throw her out of the window. By the morning he had no recollection of the event. Talleyrand fled to America, during the French Revolution, and walked one day with his friend B. on the ramparts of New York. The expression of his friend's face produced such an effect upon him that he addressed him in these terms:—"Miserable man, you wish to kill me!" The other looked at him in astonishment, and then, bursting into tears, avowed that the idea had occurred to him, and that at that moment he had been waiting for an opportunity to throw him into the sea.

M. Livi says that the insane commit incendiarism by reason of hallucinations and illusions, mania or melancholy, intellectual monomania, or instinctive monomania.

The author then adduces many examples of this tendency to incendiaryism and shows that his theories are well founded. In a subsequent memoir he discusses the subject of kleptomania, and brings forward many interesting cases of this form of insanity.—*Annales Médico-Psychologiques—Journal of Psychological Medicine.*

DISCHARGE OF A FETUS THROUGH THE RECTUM.—Dr. Koehler exhibited to the N. Y. Pathological Society the skeleton of a fetus that had been passed per rectum. A lady, twenty-four years of age, became pregnant for the second time. The first three months of the pregnancy were passed under continual hypogastric pains. Then, suddenly, a pint of coagulated blood escaped through the vagina, whereupon the pains decreased and discontinued. She went to a physician well known to me for advice. When he tried to introduce the uterine sound into the orifice, he was unable to succeed. The cervical portion of the uterus was scarcely accessible. The patient consulted several other physicians, who advised her to await events. Normal movements of the fetus from the end of the fourth month to the end of the pregnancy were ascertained. The prelimina of the birth appeared at the right time. The pains, however, had no effect; they lasted for three weeks, decreased by and by, and finally subsided. Then the secretion of milk took place. The patient became emaciated and cachectic. Two months after the end of the normal duration of pregnancy, rectitis and an abscess in the anterior wall of the rectum made their appearance, and a quantity of decomposed pus and ichor soon escaped through the rectum. Hairs of a fetus were detected in the discharged matter. The skeleton of the fetus then escaped through the rectum within the period of three days. The bones of the cranium following, the other bones were removed by the means of a polypus-forceps, either entire or broken. The aperture of the abscess was located one and a half inches above the anus. The diameter of the opening, when relaxed, measured one inch. One month after the evacuation and removal of the bones, perfect convalescence and menstruation took place.

The enlargement of the abdomen during the whole period of the pregnancy was uniform, not lateral, and the cervix uteri, even at the end of that period, was for a closer examination inaccessible. The patient was not confined to bed.—*Med. Record.*

Selects and Medical Items.

REMARKABLE VITALITY IN A NEW-BORN CHILD.—Dr. James T. Newman records in the *Chicago Medical Journal*, Oct. 1, 1868, the following extraordinary instance of vitality in a new-born child:—

"At half past twelve in the evening he saw, on account of hemorrhage, a young woman who had recently given birth to a child. The friends were trying to conceal her shame. It had been 'born at 8 o'clock in the morning, and was quietly wrapped up in an old blanket and put out of sight.' He was told that it was stillborn. At his request the child was shown him, and there was something in its face told him it was not dead, but he said nothing. When he made his visit in the morning, the child was in the coffin. Upon request, it was again shown to him, and to his astonishment, upon applying a stethoscope, he could distinctly hear the sound of the heart. He took the child out of the coffin, used Marshall Hall's method, and in the course of thirty minutes the child commenced breathing; the pulse was natural; it cried, and took the breast eagerly. It is a fine-looking boy to-day, and for aught I know, bids fair to live three score and ten years."

The doctor does not tell us why he did not attempt to resuscitate the child when he first saw it.—*Humboldt Medical Archives.*

STORAGE OF PETROLEUM.—The Health Committee of the Dublin Corporation, having ascertained that many thousand gallons of this dangerous article were stored in the city, have had several specimens tested to ascertain the degree of inflammability. No specimen was procured which gave off an inflammable vapor at a lower temperature than 114°, so that all were exempted from the penalties directed by the Acts of Parliament. Considering the great risk of life and property involved, other municipal authorities ought to be as active.—*Dublin Medical Press and Circular.*

LENGTH OF THE COLON IN YOUNG CHILDREN.—At a stated meeting of the New York Obstetrical Society, a specimen of hemicephalus, or anencephalus, was presented by Dr. Jacobi. The child weighed nine pounds. The viscera were well developed, and the colon was unusually long in this case. Dr. Smith made the remark that he had measured the colon in thirty cases of children under six months, and discovered that from one quarter to one third of the large intestine lies below the brim of the pelvis. Dr. Jacobi stated that the descending portion of the colon in the young infant was nearly twice the length of that of the adult. It crosses over diagonally toward the right side, instead of lying parallel to the long axis of the body. There is no proper sigmoid flexure as in the adult, but on account of the great length of the colon a number of flexures are found.—*Amer. Jour. of Obstetrics.*

A NEW MODE OF DRESSING WOUNDS.—In Belgium, a new mode of dressing wounds has been adopted. A sheet of lead one fiftyth part of an inch in thickness is applied to the seat of injury,

and made to assume its shape by pressure. By means of strips of adhesive plaster, the lead is secured, and a current of fresh water is passed over the surface of the flesh once or twice a day.—*Medical Record.*

THE PROTOXIDE OF AZOTE is being employed as an anesthetic by Dr. Seymour in the extraction of teeth, producing complete insensibility in two minutes. It is said to be perfectly innocuous, and to be respired without difficulty or repulsion.—*La France Médicale.*

IN INDURATED HEMORRHOIDS. M. Hillairet employs suppositories containing one tenth part of iodoform. In a few days the hemorrhoids soften and wither.

DR. E. W. HOWARD, of Akron, Ohio, reports the birth of a healthy male child, in his practice, weighing 19½ pounds; also, the same day, the birth of a child weighing 3 pounds.

MEDICAL DIARY OF THE WEEK.

MONDAY, 9 A.M., Massachusetts General Hospital, Med. Clinic; 9 A.M., City Hospital, Ophthalmic Clinic.
TUESDAY, 9 A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture; 9 to 11, A.M., Boston Dispensary; 10-11, A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital Surgical Visit; 11 A.M., OPERATIONS.

FRIDAY, 9 A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS; 9 to 11, A.M., Boston Dispensary.

SATURDAY, 10 A.M., Massachusetts General Hospital Surgical Visit; 11, A.M., OPERATIONS.

ERRATA.—Page 218, 1st col., line 20, for "caustic and leeches," read *potash on one occasion*; line 25, for "menses appeared," read *menses became regular*.

TO CORRESPONDENTS.—Communication accepted:—On Acupuncture.

BOOKS AND PAMPHLETS RECEIVED.—*The Opium Habit*; with Suggestions as to the Remedy. New York: Harper and Bros., 1868.—*A Treatise on Physiology and Hygiene*. For Schools, Families and Colleges. By John C. Dalton, M.D., &c. New York: Harper & Bros., 1868.—*Ellis's Medical Formulary*. Twelfth Edition. Philadelphia: Henry C. Lea.—Annual Report of the President of the University of Michigan, made to the Board of Regents at the meeting held September 29, 1868.—Doctor or Doctress? By Samuel Gregory, A.M., M.D., Secretary of the Female Medical College.

MARRIED.—At Philadelphia, Oct. 28th, J. Theodore Heard, M.D., of Boston, to Miss Rosalie Isabella Gau, of Philadelphia.

DEATHS IN BOSTON for the week ending Saturday noon, November 7th, 95. Males, 45—Females, 50. Abscess, 1—accident, 6—apoplexy, 3—asthma, 2—Inflammation of the bowels, 1—congestion of the brain, 4—inflammation of the brain, 2—bronchitis, 4—cancer, 2—cholera infantum, 1—consumption, 14—convulsions, 1—croup, 1—cystitis, 1—deltoid, 3—diarrhea, 2—diphtheria, 2—dropsy, 1—dropsy of the brain, 5—typhoid fever, 1—gangrene, 1—hemorrhoids, 1—disease of the heart, 4—homicide, 1—intemperance, 2—disease of the kidneys, 1—congestion of the lungs, 3—infiammation of the lungs, 8—old age, 4—paralysis, 1—peritonitis, 2—pleurisy, 1—pregnancy, 2—puerperal disease, 2—disease of the spine, 1—unknown, 4—wheezing cough, 1.

Under 5 years of age, 32—between 5 and 20 years, 4—between 20 and 40 years, 22—between 40 and 60 years, 23—above 60 years, 14. Born in the United States, 55—Ireland, 29—other places, 11.